

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATIONTO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 0 — 0 0 7

2. STATE:

ALABAMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Title XIX of the Social Security Act

4. PROPOSED EFFECTIVE DATE

December 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 430 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 3.8 mil

b. FFY 02 \$ 3.8 mil

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 16 of Attachment 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

The purpose of this amendment is to define the Agency's reimbursement methodology
for non-emergency transportation services.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Governor's designee on file
via letter with HCFA

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael E. Lewis

14. TITLE:

Commissioner

15. DATE SUBMITTED:

November 20, 2000

16. RETURN TO:

Michael E. Lewis
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 25, 2000

18. DATE APPROVED:

December 1, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Brubaker

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

Effective Date 12/01/00

28. **Non-Emergency Transportation**

Reimbursement for non-emergency transportation, with the exception of ambulance transports, will be made directly to the recipient through a voucher system. The state will have on file the rates charged by the major transporters across the state. When a recipient requests assistance, the voucher will be issued based on the most cost-effective rate for the appropriate mode of transportation, considering the rates for the particular area and the options available to the requesting recipient.

TN. No. AL-00-07

Supersedes

TN. No. New

Approval Date DEC 08 2000

Effective Date 12/01/00